

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L61033

FILED
Apr 05, 2002 8:00 AM
Secretary of State

Entity Name: MENARD ENTERPRISES, INC.

Current Principal Place of Business:

2840 N.E. 8TH TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

6355 SE AMES WAY
HOBE SOUND, FL 33455

Current Mailing Address:

2840 N.E. 8TH TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

6355 SE AMES WAY
HOBE SOUND, FL 33455

FEI Number: 59-2519643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENARD, RENE
2840 NE 8TH TERRACE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

MENARD, RENE
6355 SE AMES WAY
HOBE SOUND, FL 33455 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/05/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MENARD, RENE,
Address: 2840 N.E. 8TH TERRACE
City-St-Zip: POMPANO BEACH, FL

Title: S () Delete
Name: HUDON, KARINE,
Address: 2840 NE 8TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MENARD, RENE,
Address: 6355 SE AMES WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: S (X) Change () Addition
Name: HUDON, KARINE,
Address: 6355 SE AMES WAY
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE MENARD

D

04/05/2002

Electronic Signature of Signing Officer or Director

Date